



# CODE COMPLIANCE DIVISION

## Amnesty Program Application

Applicant Name \_\_\_\_\_

Property Owners Name \_\_\_\_\_

Date of Application \_\_\_\_\_

Property Address \_\_\_\_\_

Folio No. \_\_\_\_\_

Mailing Address of Owner \_\_\_\_\_

Telephone/Contact Number of Owner \_\_\_\_\_ Code Enforcement Case No.(s) \_\_\_\_\_

Homestead \_\_\_\_\_ yes \_\_\_\_\_ no If yes submit proof of homestead, including tax bill, utility bills, and copy of drivers license.

Amount of reduction will be 5% of total outstanding liens (Hard Cost Liens and fees are non-negotiable) \$ \_\_\_\_\_

Detail of Civil Violation Notices and total amounts due

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME OF PROPERTY OWNER \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER \_\_\_\_\_

Date \_\_\_\_\_

State of Florida, County of Miami-Dade

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who [ ] is personally known or [ ] has produced a driver's license as identification.

[Notary Seal]

NOTARY PUBLIC \_\_\_\_\_

My Commission Expires \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

### FOR CODE DEPARTMENT USE ONLY

Application fee received \_\_\_\_\_ yes \_\_\_\_\_ no

Date of Lien Recordation \_\_\_\_\_ Commercial or Residential \_\_\_\_\_

Date of compliance \_\_\_\_\_

Date of last Inspection and Compliance Affidavit \_\_\_\_\_ (Submit along with Application)

Accrued Lien amount \$ \_\_\_\_\_

Inspector's name \_\_\_\_\_

Recommended lien reduction \$ \_\_\_\_\_ (5% Amnesty program)

CODE DEPARTMENT APPROVAL \_\_\_\_\_

CITY ATTORNEY APPROVAL \_\_\_\_\_

**\*\$79.00 Non-refundable Application Fee is due at time of submittal per property**